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PTO/SB/50 (modified) (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner For Patents P. O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	18602-08098
	First Named Inventor	James D. Kelly et al.
	This application is a	Continuation of 10/006,939 which is
	Original Patent Number	REI of 5,996,036
	Original Patent Issue Date (Month/Day/Year)	Patent issued November 30, 1999
	Express Mail Label No.	EV342133814US

APPLICATION FOR REISSUE OF:
(check applicable box)

☒ Utility Patent

☐ Design Patent

☐ Plant Patent

APPLICATION ELEMENTS

- ☒ *Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Specification and Claims in double column copy of patent format (amended, if appropriate) from parent reissue application
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath/Declaration (executed) copy from parent reissue application
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
- Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es)) copies from parent reissue application
☒ Written Consent of all Assignees (PTO/SB/53)
☒ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney (PTO/SB/96)

ACCOMPANYING APPLICATION PARTS


- ☐ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
- ☒ Original U.S. Patent for Surrender
☒ Ribbioned Original Patent Grant
Previously surrendered in parent reissue application 10/006,939
☐ Offer to Surrender Patent
- ☐ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO/SB/08A ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration (if applicable)
- ☒ Preliminary Amendment and Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
- ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
- ☐ Other: _____

14. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

or ☐ Correspondence address below

00758

Name (Print/Type)	Daniel R. Brownstone	Registration No. (Attorney/Agent)	46,581
Signature		Date	September 22, 2003

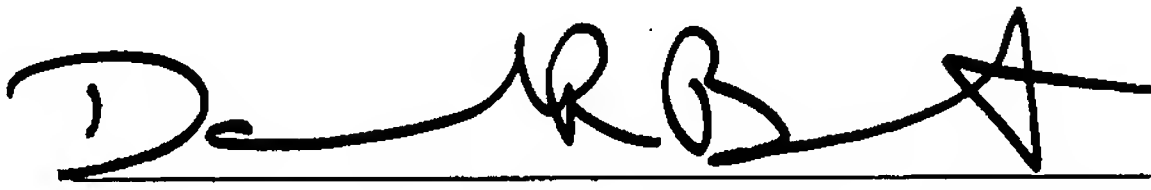
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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 18602-08301			
Claims as Filed - Part 1									
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity Rate	Fee	Other than a Small Entity Rate Fee			
(A) 17	Total Claims (37 CFR 1.16(j))	(B) 2	**** 0 =	x \$ ____ =		or	x \$18.00 =		
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 2	* 0 =	x \$ ____ =			x \$84.00 =		
Basic Fee (37 CFR 1.16(h))						\$ ____	OR		\$ 750.00
Total Filing Fee						\$ ____			\$ 750.00
Claims as Amended - Part 2									
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity Rate Fee		Other than a Small Entity Rate Fee		
Total Claims (37 CFR 1.16(j))	*** 2	MINUS	** 20 =	* = 0	x \$ ____ =	or	x \$18.00 =	0.00	
Independent Claims (37 CFR 1.16(i))	*** 2	MINUS	***** 3 =	= 0	x \$ ____ =		x \$84.00 =	0.00	
Total Additional Fee						\$ ____	OR	\$ 0.00	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>19-2555</u> in the amount of <u>\$ 750.00</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.</p>									
September <u>22</u> , 2003 Date				 Signature of Applicant, Attorney or Agent of Record <u>Daniel R. Brownstone, Reg. No. 46,581</u> Typed or printed name					

18602/08098/SF/5107315.1

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.